

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - CREDENTIALING DIVISION  
PO Box 94986  
Lincoln, NE 68509-4986

Check one:

- ☐ Initial License  
☐ Change of Location  
☐ Change of Ownership

**Intermediate Care Facility for the Mentally Retarded Licensure Application**

**IDENTIFYING INFORMATION**

1. FULL NAME OF FACILITY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Street Address, City, State, Zip)
2. TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
(If Not Individual)
4. ADMINISTRATOR: \_\_\_\_\_
5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: \_\_\_\_\_
6. NUMBER OF BEDS TO BE LICENSED: \_\_\_\_\_
7. PLANNED OCCUPANCY DATE: \_\_\_\_\_

**OWNERSHIP INFORMATION**

8. OWNERSHIP OF FACILITY: \_\_\_\_\_  
(Legal Name of Individual or Business Organization)  
ADDRESS: \_\_\_\_\_  
(Street Address, City, State, Zip)
9. MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_  
(If Different Than Above )
10. BUSINESS ORGANIZATION: (Check one)  
Sole Proprietorship  
Partnership  
Limited Partnership  
Corporation  
Limited Liability Company  
Governmental ( State, District, County, City or Municipal)  
Other (Please Specify) \_\_\_\_\_

**CERTIFICATION**

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

**PLEASE NOTE:** Neb.Rev.Stat. Section 71-433 requires "Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,  
(2) two of its members, if the applicant is a limited liability company,  
(3) two of its officers, if the applicant is a corporation, or  
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

Sign Here \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE DATE